# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

The C/OH Instruction (	Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE/ OFFICEHOLDER	MS / MRS / MR FIRST Mr. Bobby W. Lindamood, Jr.	MI	OFFICE USE ONLY
NAME	NICKNAME LAST	SUFFIX	DECEIVE
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; 5508 Janet Ln., Colleyville, TX 76034	CITY; STATE; ZIP CODE	OITY SECRETARY'S OFFICE
Change of Address			3:39 p.m.
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER ( 214 ) 232-8147	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS / MR FIRST	MI	Receipt # Amount \$
NAME	Mrs. Christine Tatum	.·	Date Processed
	THOUSAILE EAST	SUFFIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SU 4100 Allendale St., Colleyville, TX 7603		ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER ( 214) 801-9933	EXTENSION	
9 REPORT TYPE	January 15 30th day before el	lection Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15 X 8th day before elec	ction Exceeded \$500 limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 04 05 2019	Month THROUGH 04 /2	Day Year 26 /2019
11 ELECTION	ELECTION DATE	ELECTION TYPE	
	Month Day Year Primary  05 / 04 / 19 X General	Runoff Cther Description Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
	Colleyville City Council, Precinct 2		
	GO ТО І	PAGE 2	

### CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

14 C/OH NAME			15 Filer ID (Ethics Commission Filers)
Bobby W. Lindamo	ood, Jr.		,
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CAN	OTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE VINSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THURS.	VITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL		
	SPECIFIC	COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
Additional Pages			
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS		OLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER TH S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ	
	ł .	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 4,000.00
EXPENDITURE TOTALS		OLITICAL EXPENDITURES OF \$100 OR LESS, ITEMIZED	\$
	4. TOTAL	POLITICAL EXPENDITURES	\$ 3,497.51
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DRTING PERIOD	DAY \$ 17,540.07
OUTSTANDING LOAN TOTALS	6. TOTAL P LAST DA	RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T Y OF THE REPORTING PERIOD	THE \$
18 AFFIDAVIT			
*	CHRISTINE LOVEN by Notary ID # 110925 Expires May 2, 2022	true and correct and includes all Info under Title 15, Election Code.	perjury, that the accompanying report is companied by me did a companying reported by me did a companying report is
AFFIX NOTARY STAMP	P/SEALABOVE	griadure or vari	andre of Cincertaine
Sworn to and subscri	10	the said Bobby Lindamood certify which, witness my hand and seal of office.	, this the <u>26+h</u>
Christine	Loven	Christine Loven	Notary
Signature of officer ac	lministering oath	Printed name of officer administering oath	Title of officer administering oath

### **SUBTOTALS - C/OH**

19	FILER NAME 20 Filer ID (Ethics Cor	nmission Filers)
	Bobby W. Lindamood, Jr.	
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 4,000.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 3,497.51
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

### SCHEDULE A1

1110	e Instruction Guide explains how to complete th	is form.	1 Total pages Schedule A1:
FILER NAME			3 Filer ID (Ethics Commission Filers)
Bobby Linda	ımood, Jr.		
4/3/19	5 Full name of contributor	AC (ID#:)	7 Amount of contribution (\$) \$200
	6 Contributor address; City; Stat 2001 Renfro Rd., Colleyville, TX 76034	te; Zip Code	
Principal occu President	upation / Job title (See Instructions)	9 Employer (See Instructi First American Mortga	
Date	Full name of contributor	AC (ID#:)	Amount of contribution (\$)
4/9/19	Robert (Jerry) Boone		\$100
	Contributor address; City; Stat	te; Zip Code	
	7019 Rosebrook, Colleyville, TX 76034	le, ap.odo	
Principal occur	pation / Job title (See Instructions)	Employer (See Instruction	ons)
N/A		N/A	
N/A Date	Full name of contributor	N/A	Amount of contribution (\$)
	Full name of contributor		Amount of contribution (\$) \$50
Date		C (ID#:)	
Date 4/18/19	Tom Schlich Contributor address; City; State	.C (ID#:)	\$50
Date 4/18/19	Tom Schlich Contributor address; City; State 5613 Oak Top Dr., Colleyville, TX 76034	c (ID#:) e; Zip Code	\$50
Date 4/18/19 Principal occup	Tom Schlich  Contributor address; City; State 5613 Oak Top Dr., Colleyville, TX 76034  Dation / Job title (See Instructions)	e; Zip Code  Employer (See Instruction	\$50
Date 4/18/19 Principal occup N/A	Tom Schlich  Contributor address; City; State 5613 Oak Top Dr., Colleyville, TX 76034  Dation / Job title (See Instructions)	e; Zip Code  Employer (See Instruction N/A	\$50 ons)
Date 4/18/19  Principal occup N/A	Tom Schlich  Contributor address; City; State 5613 Oak Top Dr., Colleyville, TX 76034  Dation / Job title (See Instructions)  Full name of contributor	e; Zip Code  Employer (See Instruction N/A	\$50  Ons)  Amount of contribution (\$)
Date 4/18/19  Principal occup N/A	Tom Schlich  Contributor address; City; State 5613 Oak Top Dr., Colleyville, TX 76034  Dation / Job title (See Instructions)  Full name of contributor	e; Zip Code  Employer (See Instruction N/A	\$50  Ons)  Amount of contribution (\$)
Date 4/18/19  Principal occup N/A  Date 4/21/19	Tom Schlich  Contributor address; City; State 5613 Oak Top Dr., Colleyville, TX 76034  Dation / Job title (See Instructions)  Full name of contributor	e; Zip Code  Employer (See Instruction N/A	\$50  Ons)  Amount of contribution (\$)  \$100

if contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

### SCHEDULE A1

	he Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
Pobby Line		3 Filer ID (Ethics Commission Filers)
	damood, Jr.	+
4 Date	5 Full name of contributor	7 Amount of contribution (\$) \$1000
4/11/19	Major Adam Shepherd	
	6 Contributor address; City; State; Zip Code 2205 Collins Path, Colleyville, TX 76034	
Principal oc	ccupation / Job title (See Instructions)  9	ctions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
4/15/19	Christie Reed	\$300
	Contributor address; City; State; Zip Code 4600 Alexandra Dr., Colleyville, TX 76034	
Principal occ	cupation / Job title (See Instructions) Employer (See Instruc	tions)
N/A	N/A	
Date	Full name of contributor	Amount of contribution (\$)
Date 4/8/19	Full name of contributor	Amount of contribution (\$) \$200
		1
4/8/19	Armin Mizani Contributor address; City; State; Zip Code	\$200
4/8/19	Armin Mizani Contributor address; City; State; Zip Code 896 Randol Mill Ave., Roanoke, TX 76262	\$200
4/8/19 Principal occ	Armin Mizani  Contributor address; City; State; Zip Code  896 Randol Mill Ave., Roanoke, TX 76262  Supation / Job title (See Instructions) Employer (See Instructions)	\$200 stions)  Amount of contribution (\$)
4/8/19  Principal occ Attorney  Date	Armin Mizani  Contributor address; City; State; Zip Code  896 Randol Mill Ave., Roanoke, TX 76262  Eupation / Job title (See Instructions)  Employer (See Instructions)  Self Emplyed  Full name of contributor	\$200
4/8/19 Principal occ Attorney Date	Armin Mizani  Contributor address; City; State; Zip Code  896 Randol Mill Ave., Roanoke, TX 76262  Supation / Job title (See Instructions)  Employer (See Instructions)  Self Emplyed  Full name of contributor	\$200 stions)  Amount of contribution (\$)
A/8/19  Principal occ Attorney  Date 4/10/19	Armin Mizani  Contributor address; City; State; Zip Code  896 Randol Mill Ave., Roanoke, TX 76262  Supation / Job title (See Instructions)  Employer (See Instructions)  Self Emplyed  Full name of contributor	\$200 stions)  Amount of contribution (\$) \$1500
A/8/19  Principal occ Attorney  Date 4/10/19	Armin Mizani  Contributor address; City; State; Zip Code  896 Randol Mill Ave., Roanoke, TX 76262  Employer (See Instructions)  Employer (See Instructions)  Self Employed  Full name of contributor	\$200 stions)  Amount of contribution (\$) \$1500
A/8/19  Principal occ Attorney  Date 4/10/19	Armin Mizani  Contributor address; City; State; Zip Code  896 Randol Mill Ave., Roanoke, TX 76262  Employer (See Instructions)  Employer (See Instructions)  Self Employed  Full name of contributor	\$200 stions)  Amount of contribution (\$) \$1500
A/8/19  Principal occ Attorney  Date 4/10/19	Armin Mizani  Contributor address; City; State; Zip Code  896 Randol Mill Ave., Roanoke, TX 76262  Employer (See Instructions)  Employer (See Instructions)  Self Employed  Full name of contributor	\$200 stions)  Amount of contribution (\$) \$1500
A/8/19  Principal occ Attorney  Date 4/10/19	Armin Mizani  Contributor address; City; State; Zip Code  896 Randol Mill Ave., Roanoke, TX 76262  Employer (See Instructions)  Employer (See Instructions)  Self Employed  Full name of contributor	\$200 stions)  Amount of contribution (\$) \$1500
A/8/19  Principal occ Attorney  Date 4/10/19	Armin Mizani  Contributor address; City; State; Zip Code  896 Randol Mill Ave., Roanoke, TX 76262  Employer (See Instructions)  Employer (See Instructions)  Self Employed  Full name of contributor	\$200 stions)  Amount of contribution (\$) \$1500

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

### SCHEDULE A1

od, Jr.  Full name of contributor	)#:) Zip Code	<ul><li>3 Filer ID (Ethics Commission Filers)</li><li>7 Amount of contribution (\$)</li><li>\$300</li></ul>
Karl Vitali		
	75-0-4-	
7425 Alverstone Dr., Ft. Worth, TX 76120	Zip Code	
	Employer (See Instruction Self Employed	ons)
Jayachandra Gajulapalli		Amount of contribution (\$) \$250
n / Job title (See Instructions)	Employer (See Instruction Self Employed	ns)
2000-000		Amount of contribution (\$)
n / Job title (See Instructions)	Employer (See Instructio	ns)
Full name of contributor	÷)	Amount of contribution (\$)
Contributor address; City; State; 2	Zip Code	
ı / Job title (See Instructions)	Employer (See Instruction	ns)
or	Full name of contributor	### Self Employed    Full name of contributor

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursernent Office Overhead/Rental Expense Pollting Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (Arthur a extension por lighty depose)

Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Bobby Lindamood, Jr. 4 Date 5 Payee name 3/5/19 Raise The Money 6 Amount (\$) 7 Payee address; City; State; Zip Code \$111 P.O. Box 26466, Little Rock, AR 72221 (a) Category (See Categories listed at the top of this schedule) 8 (b) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE Fees** ΩE Light Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name Office sought 9 Complete ONLY if direct Office held expenditure to benefit C/OH Date Payee name 3/8/19 Raise The Money Amount (\$) Payee address; City; State; Zip Code \$52.15 P.O. Box 26466, Little Rock, AR 72221 Category (Sae Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. Fees **PURPOSE** OF Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Payee name Date 3/9/19 Raise The Money Amount (\$) Payee address; City; State; Zip Code \$1.23 P.O. Box 26466, Little Rock, AR 72221 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Check if travel outside of Texas. Complete Schedule T. Fees OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

### SCHEDULE F1

### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment

Event Expense Fees Food/Beverage Exponse Gift/Awards/Memorials Expense Legal Services Loen Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (orthon preference and lighted above)

Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Printing Expense Salaries/Wages/Contract Labor how to complete this form.	Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·	now to complete the term.	1 a cu in (Chica Completion Ellero)
f lotal pages Schedule F1:	Bobby Lindamood, Jr.	•	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
3/11/19	Raise The Money		
6 Amount (\$)		- ·	
	7 Payee address; City; State; Zip	Code	
\$31.95	P.O. Box 26466, Little Rock, AR 72221		
8	(a) Category (See Categories listed at the top of this sch	nedule) (b) Description	May 1 - May 1
PURPOSE			utside of Texas. Complete Schedule T.
OF	Fees		п, TX, officeholder living expense
EXPENDITURE		—	, 17, 5000000000000000000000000000000000000
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
3/16/19	Raise The Money		
Amount (\$)	Payee address; City; State; Zip	Code	
\$4.15	P.O. Box 26466, Little Rock, AR 72221		
	Category (See Categories listed at the top of this sche	edule) Description	
PURPOSE	Fees	Check if travel out	tside of Texas. Complete Schedule T.
OF EXPENDITURE	• •	Check if Austin,	, TX, officeholder living expense
EM EMPI-OIL			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
3/18/19	Raise The Money		
Amount (\$)	Payee address; City; State; Zip (	Code	-
\$10.00	P.O. Box 26466, Little Rock, AR 72221		
	Category (See Categories listed at the top of this sched	edule) Description	
PURPOSE	Fees	Check if travel out	tside of Texas. Complete Schedule T.
OF EXPENDITURE		Check if Austin,	TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NEE	DED

### POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

Event Expense Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Bobby Lindamood, Jr. 4 Date 5 Payee name 3/20/19 Raise The Money 6 Amount (\$) 7 Payee address; City; State; Zip Code \$2.20 P.O. Box 26466, Little Rock, AR 72221 8 (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. PURPOSE Fees OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Payee name 3/23/19 Raise The Money Amount (\$) Payee address; City; State; Zip Code \$4.15 P.O. Box 26466, Little Rock, AR 72221 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. PURPOSE Fees OF ☐ Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name 3/26/19 Raise The Money Amount (\$) Payee address; City; State; Zip Code \$1.23 P.O. Box 26466, Little Rock, AR 72221 Category (See Categories listed at the top of this schedule) Description PURPOSE Check if travel outside of Texas. Complete Schedule T. Fees OF Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH

### POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

Event Expense Food/Beverage Expense Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expanse

Travel In District Travel Out Of District Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Bobby Lindamood, Jr. 4 Date 5 Payee name 3/30/19 Raise The Money 6 Amount (\$) 7 Payee address; City; State; Zip Code \$4.15 P.O. Box 26466, Little Rock, AR 72221 8 (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. PURPOSE Fees OF Light Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name 4/9/19 Raise The Money Amount (\$) Payee address: City; State; Zip Code \$4.15 P.O. Box 26466, Little Rock, AR 72221 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. Fees **PURPOSE** OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name Office sought Complete ONLY if direct Office held expenditure to benefit C/OH Payee name Date 4/11/19 Campaign Sidekick, LLC Amount (\$) Payee address; City; State; Zip Code \$140 www.campaignsidekick.vote Category (See Categories listed at the top of this schedule) Description **PURPOSE** Check if travel outside of Texas. Complete Schedule T. voters list OF Check if Austin, TX, officeholder living expense EXPENDITURE Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Politic Credit Card Payment	al Committee Legal Services	Salaries/Wages/Contract Labor	Travel Out Of District Other (enter a category not listed above)
 	The Instruction Guide explains	how to complete this form.	I
1 Total pages Schedule F1:			3 Filer ID (Ethics Commission Filers)
6	Bobby Lindamood, Jr.		
4 Date 4/16/19	5 Payee name JTD Strategies		
6 Amount (\$)	7 Payee address; City; State; Zip	Code	
\$1538.80	2028 E. Ben White Blvd., #240-1773, /	Austin, TX 78741	
8	(a) Category (See Categories listed at the top of this sch	edule) (b) Description	
PURPOSE	Drinting Evenes	Check if travel ou	utside of Texes. Complete Schedule T.
OF	Printing Expenses	Check if Austin	n, TX; officeholder living expense
EXPENDITURE			
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name	444-4	
4/16/19	JTD Strategies		
Amount (\$)	Payee address; City; State; Zip	Code	
\$710	2028 E. Ben White Blvd., #240-1773, AL	ıstin, TX 78741	
<del></del>	Category (See Categories listed at the top of this sche	edule) Description	
PURPOSE	Website Hosting/Domain Renewal	[ <del></del>	side of Texas. Complete Schedule T.
OF	Trouse i Todang, Boniam i Kenewal		TX, officeholder living expense
EXPENDITURE			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
4/18/19	Raise The Money		
A			
Amount (\$)	Payee address; City; State; Zip (	Code	
\$2.20	P.O. Box 26466, Little Rock, AR 72221		
	Category (See Categories listed at the top of this sche	dule) Description	
PURPOSE	Fees		side of Texas. Complete Schedule T.
OF	. 333		TX, officeholder living expense
EXPENDITURE			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
W. 1	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NEE!	DED

### POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

### SCHEDULE F1

### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment

Event Expense Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District

Printing Expense Salaries/Wages/Contract Labor Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Bobby Lindamood, Jr. 4 Date 5 Payee name 4/21/19 Raise The Money 6 Amount (\$) 7 Payee address; City; State; Zip Code \$4.15 P.O. Box 26466, Little Rock, AR 72221 8 (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. PURPOSE Fees OF Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name 4/24/19 Raise The Money Amount (\$) Payee address; City; State; Zip Code 10.00 P.O. Box 26466, Little Rock, AR 72221 Category (See Categories listed at the top of this schedule) Description Fees **PURPOSE** Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name 4/25/19 Lipe Squared, LLC Amount (\$) Payee address; City; State; Zip Code \$866 6305 Derby Dr., Colleyville, TX 76034 Category (See Categories listed at the top of this schedule) Description PURPOSE ☐ Check if travel outside of Texas. Complete Schedule T. Advertising Expenses/Signs OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

The C/OH Instruction (	Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 15
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST  Mr. Bobby W. Lindamood, Jr.  NICKNAME LAST	MI 	OFFICE USE ONLY  OFFICE USE ONLY  APR 02 2019
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	5508 Janet Ln. Colleyville, TX 76034	CITY; STATE; ZIP CODE	CITY SECRETARY'S OFFICE
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER  ( 214 ) 232-8147	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST  Mrs. Christina Tatum  NICKNAME LAST	MI 	Receipt # Amount \$  Date Processed  Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SU 4100 Allendate St. Colleyville, TX 76034	JITE #; CITY; STATE;	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER ( 214 ) 801-9933	EXTENSION	
9 REPORT TYPE	January 15 X 30th day before elected.  July 15 Sth day before elected.		15th day after campaign treasurer appointment (Officeholder Only)  Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 01 / 16 / 2019	THROUGH 04	Day Year 04 2019
11 ELECTION		Runoff Other Description Special	·
12 OFFICE	OFFICE HELD (if any)  Colleyville City Council, Precinct 2	13 OFFICE SOUGHT (if known)	·
	go то ғ	PAGE 2	ï

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

14 C/OH NAME	C/OH NAME . 15 Fil		5 Filer ID (Ethics Commission Filers)
Bobby Lindamood,	Bobby Lindamood, Jr.		
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CAND	IOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDING A POLITICAL EXPENDING AND A POLITICAL EXPENDITURES WAY HAVE BEEN MADE WINDER. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THE URES.	THOUT THE CANDIDATE'S OR OFFICEHOLDER'S
·	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL		
	SPECIFIC	COMMITTEE ADDRESS	
·	SPECIFIC		
		COMMITTEE CAMPAIGN TREASURER NAME	V - 20-40-10-40-10-10-10-10-10-10-10-10-10-10-10-10-10
Additional Pages			
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION	1 TOTAL D		
TOTALS	1. TOTAL P PLEDGE	OLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THA S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZI	N \$
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 13,970.00
EXPENDITURE TOTALS		OLITICAL EXPENDITURES OF \$100 OR LESS, ITEMIZED	\$
	4. TOTAL	POLITICAL EXPENDITURES	\$ 3,045.27
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST D	DAY \$
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF TH Y OF THE REPORTING PERIOD	\$ 17,058.50
18 AFFIDAVIT	· · · · · · · · · · · · · · · · · · ·		
	CHRISTINE LOVEN	I swear, or affirm, under penalty of pe true and correct and includes all infor under Title 15, Election Code.	rjury, that the accompanying report is mation required to be reported by me
My	Notary ID # 11092587 Expires May 2, 2022	Many 19 my annoch Signature of Candi	date or Officeholder
AFFIX NOTARY STAME	7/SEALABOVE	90	
Sworn to and subscri	10	· ·	, this the 2ND
day of April	, 20, to	o certify which, witness my hand and seal of office.	
Christine	Loven	Christine Loven	Notary
Signature of officer ac	lministering oath	Printed name of officer administering oath	Title of officer administering oath

# **SUBTOTALS - C/OH**

· · · · · · · · · · · · · · · · · · ·		
SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTA AMOUNT
SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 13,970.0
SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
SCHEDULE B: PLEDGED CONTRIBUTIONS		\$ 3,045.2
SCHEDULE E: LOANS		\$
SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONT	TRIBUTIONS	\$
SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CO	ONTRIBUTIONS	\$
SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUND	s	\$
SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BI	USINESS OF C/OH	\$
SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONT	FRIBUTIONS	\$
SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIO RETURNED TO FILER	NS :	\$
	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS  SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS  SCHEDULE B: PLEDGED CONTRIBUTIONS  SCHEDULE E: LOANS  SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS  SCHEDULE F2: UNPAID INCURRED OBLIGATIONS  SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTED CONTRIBUTE	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS  SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS  SCHEDULE B: PLEDGED CONTRIBUTIONS  SCHEDULE E: LOANS  SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS  SCHEDULE F2: UNPAID INCURRED OBLIGATIONS  SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS  SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD  SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS  SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH  SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS  SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS  RETURNED TO FILER

### SCHEDULE A1

	struction Guide explains how to complete this	form.	1 Total pages Schedule A1: 10
FILER NAME Bobby Lindam	ood, Jr.		3 Filer ID (Ethics Commission Filers)
3/5/19	Full name of contributor	; Zip Code	7 Amount of contribution (\$) \$250
Principal occupa Sales Engineer	tion / Job title (See Instructions)	9 Employer (See Instructi Ingersoll Rand	ions)
Date 3/5/19	Full name of contributor		Amount of contribution (\$) \$1000
Principal occupati	on / Job title (See Instructions)	Employer (See Instruction Farpoint Capital	ons)
Date 3/5/19	Paul Tolstyga	(ID#:) Zip Code	Amount of contribution (\$) \$1000
Principal occupati	on / Job title (See Instructions)	Employer (See Instruction Self Employed	ons)
Date 3/8/19	Sherrie Hart	(ID#:) Zip Code	Amount of contribution (\$) \$100
Principal occupation	on / Job title (See Instructions)	Employer (See Instruction Retired	ons)

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### SCHEDULE A1

T	he Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1: 10
2 FILER NAM Bobby Lin	иЕ damood, Jr.		3 Filer ID (Ethics Commission Filers)
4 Date 3/8/19	5 Full name of contributor out-of-state PAC Shane Nolan  6 Contributor address; City; State 8924 Ashcraft Dr., NRH TX 76182	; Zip Code	7 Amount of contribution (\$) \$50
	ccupation / Job title (See Instructions)	9 Employer (See Instructi	
Self Emplo	yed	Self Employed Law Fi	m
Date 3/8/19	Full name of contributor	; Zip Code	Amount of contribution (\$) \$500
Principal occ Owner/Oper	cupation / Job title (See Instructions)	Employer (See Instruction Overhead Door Fort Wort	
Date 3/8/19	Full name of contributor	(ID#:) Zip Code	Amount of contribution (\$) . \$555
	5201 Springlake Pkwy, #1224, Haltorn City, TX	75165	
Principal occ Personal As	5201 Springlake Pkwy, #1224, Haltom City, TX supation / Job title (See Instructions)	Employer (See Instruction Self Employed	ons)
	5201 Springlake Pkwy, #1224, Haltorn City, TX  cupation / Job title (See Instructions) ssistant  Full name of contributor	Employer (See Instruction	Amount of contribution (\$) \$100
Personal As Date 3/8/19	5201 Springlake Pkwy, #1224, Haltorn City, TX supation / Job title (See Instructions) sistant  Full name of contributor out-of-state PAC Barbara Shea  Contributor address; City: State:	Employer (See Instruction Self Employed	Amount of contribution (\$) \$100

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### SCHEDULE A1

<del>-</del>	e Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
FILER NAME			3 Filer ID (Ethics Commission Filers)
Bobby Linds	amood, Jr.		
1 Date	5 Full name of contributor  ut-of-state PAC	(ID#:)	7 Amount of contribution (\$)
3/9/19	Rachel Donnell		\$25
v <sup>e</sup>	6 Contributor address; City; State;	Zip Code	
	5712 Sycamore Dr., Colleyville, TX 76034		
Principal occ	upation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
3/11/19	Kimberly Holt		\$500
	Contributor address; City; State; 617 Creekview Ln., Colleyville, TX 76034	Zip Code	••••
		1	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	tions)
Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instruct Retired	tions)
			Amount of contribution (\$)
Retired		Retired	
Retired Date	Full name of contributor	Retired	Amount of contribution (\$)
Date 3/11/19	Full name of contributor	Retired	Amount of contribution (\$) \$250
Date 3/11/19	Full name of contributor	Retired	Amount of contribution (\$) \$250
Date 3/11/19  Principal occur	Full name of contributor	Retired  (ID#:)  Zip Code  Employer (See Instruct	Amount of contribution (\$) \$250
Principal occur Retired	Full name of contributor	Retired  (ID#:)  Zip Code  Employer (See Instruct Retired	Amount of contribution (\$) \$250 tions)
Date 3/11/19  Principal occur Retired  Date	Full name of contributor	Retired  (ID#:)  Zip Code  Employer (See Instruct Retired	Amount of contribution (\$) \$250  tions)  Amount of contribution (\$)
Principal occup Retired  Date 3/11/19	Full name of contributor	Retired  (ID#:)  Zip Code  Employer (See Instruct Retired	Amount of contribution (\$) \$250  tions)  Amount of contribution (\$) \$50

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### SCHEDULE A1

3/16/19 Steve 6 Contr 716 Principal occupation / Jo Date Full n 3/18/9 Ginge Contr 4720   Principal occupation / Job Retired Date Full na 3/20/19 Jordan Contril 6310 \$	name of contributor	9 Employer (See Instruct PAC (ID#:) ate; Zip Code  Employer (See Instructi	3 Filer ID (Ethics Commission Filers)  7 Amount of contribution (\$) \$100  tions)  Amount of contribution (\$) \$250
3/16/19 Steve 6 Contr 716  Principal occupation / Jo  Date Full n 3/18/9 Ginge Contr 4720    Principal occupation / Job  Retired  Date Full na 3/20/19 Jordar Contril 6310 \$	tributor address; City; State Duns Tew Path, Colleyville, TX 76034  ob title (See Instructions)  name of contributor	9 Employer (See Instruct  PAC (ID#:)  ate; Zip Code  Employer (See Instruction	\$100  tions)  Amount of contribution (\$)
Principal occupation / Jo  Date Full na 3/18/9 Ginge Contra 4720 I  Principal occupation / Job Retired  Date Full na 3/20/19 Jordar Contril 6310 \$	ob title (See Instructions)  name of contributor	9 Employer (See Instruct PAC (ID#:) ate; Zip Code  Employer (See Instructi	Amount of contribution (\$)
Date Full n 3/18/9 Ginge Contr 4720 I  Principal occupation / Job  Retired  Date Full na 3/20/19 Jordar  Contril 6310 \$	name of contributor	PAC (ID#:) ate; Zip Code  Employer (See Instructi	Amount of contribution (\$)
3/18/9 Ginge Contr 4720   Principal occupation / Job Retired  Date Full na 3/20/19 Jordar Contri 6310 \$	er Penny tributor address; City; Sta Bill Simmons, Colleyville, TX 76034	ate; Zip Code  Employer (See Instructi	
Principal occupation / Job Retired  Date Full na 3/20/19 Jordar Contril 6310 \$	Bill Simmons, Colleyville, TX 76034	Employer (See Instructi	
Date Full na 3/20/19 Jordar Contril 6310 S	b title (See Instructions)		
Date Full na 3/20/19 Jordar Contril 6310 S	Carlotte .		ions)
3/20/19 Jordar Contril 6310 S		Retired	
Contril 6310 \$	name of contributor 🔲 out-of-state P	PAC (ID#:)	Amount of contribution (\$)
	n Freeman ributor address; City; Sta S. State Highway 360, #1832, Grand F		<b>\$</b> 50
Principal occupation / Job	b title (See Instructions)	Employer (See Instructi	ons)
Date Full na	name of contributor	AC (1D#:)	Amount of contribution (\$)
3/23/19 Wayn	ne Via		\$100.
	ributor address; City; Sta Woodmoor Ln., Colleyville, TX 76034	ate; Zip Code	
Principal occupation / Job Management	o title (See Instructions)	Employer (See Instruction Frontier	ons)

### SCHEDULE A1

Th	ne Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAM			3 Filer ID (Ethics Commission Filers)
	damood, Jr.		
4 Date	5 Full name of contributor	(ID#:)	7 Amount of contribution (\$)
3/8/19	Michael Sartain		\$500
	6 Contributor address; City; State; 7113 Cedar Ct., Colleyville, TX 76034	; Zip Code	
8 Principal occ Owner	cupation / Job title (See Instructions)	9 Employer (See Instruction Self Employed	l ptions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
3/5/19	Teri Coburn		\$250
	Contributor address; City; State;	; Zip Code	
	25 Chandelle Dr., Irving, TX 75060	· I	
Principal occu Trustee	upation / Job title (See Instructions)	Employer (See Instruc Self Employed	tions)
		Self Employed	Amount of contribution (\$)
Trustee Date	upation / Job title (See Instructions)  Full name of contributor  ut-of-state PAC	Self Employed	Amount of contribution (\$)
Date 3/10/19	Full name of contributor	Self Employed	Amount of contribution (\$) \$5000
Date 3/10/19	pation / Job title (See Instructions)  Full name of contributor	Self Employed	Amount of contribution (\$) \$5000
Date 3/10/19 Principal occur	pation / Job title (See Instructions)  Full name of contributor □ out-of-state PAC Julianna Garrison  Contributor address; City; State; 6401 Westcoat Dr., Colleylle, TX 76034  Spation / Job title (See Instructions)	Self Employed  (ID#:)  Zip Code  Employer (See Instruct	Amount of contribution (\$) \$5000
Date 3/10/19  Principal occur Retired	Full name of contributor	Self Employed  (ID#:)  Zip Code  Employer (See Instruct Retired	Amount of contribution (\$) \$5000 stions) Amount of contribution (\$)
Date 3/10/19  Principal occur Retired  Date 3/21/19	Full name of contributor	Self Employed  (ID#:)  Zip Code  Employer (See Instruct Retired	Amount of contribution (\$) \$5000 stions)  Amount of contribution (\$) \$100

### SCHEDULE A1

,	The Instruction Guide explains how to complete this f	form. 1 Total pages Schedule A1:	
FILER NA  Bobby Li	ME ndamood, Jr.	3 Filer ID (Ethics Commission Fil	lers)
4 Date 3/16/19	5 Full name of contributor	7 Amount of contribution (\$) \$200	
	6 Contributor address; City; State; 206 Colden Ct., Colleyville, TX 76034	Zip Code	
B Principal o Self Emp		Employer (See Instructions)	
Date 3/19/19	Anthony Horton	D#: Amount of contribution (\$) \$500	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	Contributor address; City; State; 2612 Independence Rd., Colleyville, TX 76034	Zip Code	
Principal oc	cupation / Job title (See Instructions)	Employer (See Instructions)	
Date	Full name of contributor	D#: Amount of contribution (\$)	
3/20/19	George Dodson  Contributor address; City; State; 7309 Balmoral Dr., Colleyville, TX 76034	\$500 Zip Code	
Principal oc	cupation / Job title (See Instructions)	 Employer (See Instructions)	
Date 3/20/19	Full name of contributor	Amount of contribution (\$) \$500	
	Contributor address; City; State; 3600 Cambridge Ct., Colleyville, TX 76034	Zip Code	
	cupation / Job title (See Instructions) aging Director	Employer (See Instructions) IBM	
<del></del>			
	•		

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### SCHEDULE A1

	ne Instruction Guide explains how to complete this f		s Schedule A1: 0
FILER NAM		3 Filer ID (E	thics Commission Filers)
Bobby Line	damood, Jr.		٠
Date	5 Full name of contributor	)#:	contribution (\$)
3/19/19	Carole Elmore	\$100	1
	6 Contributor address; City; State; 805ontreux Ave., Colleyville, TX 76034	Zip Code	,
Principal oc	cupation / Job title (See Instructions)	Employer (See Instructions)	
Date	Full name of contributor	#:	contribution (\$)
3/24/19	Adam Shepherd	\$50	CONTRIDUTION (4)
	Contributor address; City; State; 2205 Collins Path, Colleyville, TX 76034		
Principal occ	upation / Job title (See Instructions)	Employer (See Instructions)	
Date	Full name of contributor	#: Amount of	contribution (\$)
3/24/19	Christopher Carson	\$15	.,,
	Contributor address; City; State;		
	4223 Green Meadows St. W., Colleyville, TX 76	034	
Principal occi		Employer (See Instructions)	
Principal occi	4223 Green Meadows St. W., Colleyville, TX 76  upation / Job title (See Instructions)	Employer (See Instructions)	contribution (\$)
Date	4223 Green Meadows St. W., Colleyville, TX 76  upation / Job title (See Instructions)  Full name of contributor  ut-of-state PAC (ID	Employer (See Instructions)  #:	contribution (\$)
	4223 Green Meadows St. W., Colleyville, TX 76  upation / Job title (See Instructions)  Full name of contributor	Employer (See Instructions)  #:) Amount of \$50	contribution (\$)
Date	4223 Green Meadows St. W., Colleyville, TX 76  upation / Job title (See Instructions)  Full name of contributor	Employer (See Instructions)  #:	contribution (\$)
Date	4223 Green Meadows St. W., Colleyville, TX 76  upation / Job title (See Instructions)  Full name of contributor	Employer (See Instructions)  #:) Amount of \$50	contribution (\$)
Date 3/25/19	4223 Green Meadows St. W., Colleyville, TX 76  upation / Job title (See Instructions)  Full name of contributor	Employer (See Instructions)  #:) Amount of \$50	contribution (\$)

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### SCHEDULE A1

Bobby Lindamood, Jr.  4 Date   5 Full name of contributor   out-of-state PAC (ID#:	Th	he Instruction Guide explains how to complete this i	form.	1 Total pages Schedule A1: 10
Date   S Full name of contributor   out-of-state PAC (ID#:   7 Amount of contribution (\$)				3 Filer ID (Ethics Commission Filers)
6 Contributor address; City; State; Zip Code  3 Principal occupation / Job title (See Instructions)  Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) \$100  Contributor address; City; State; Zip Code 317 Chestnut Bend, Colleyville, TX 76034  Principal occupation / Job title (See Instructions)  Solutions Executive Cisco Systems  Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) \$100  Stephanie Tedder \$100  Contributor address; City; State; Zip Code 3/21/19 Stephanie Tedder \$100  Contributor address; City; State; Zip Code 7907 Jefferson Cir., Colleyville, TX 76034  Principal occupation / Job title (See Instructions)  Territory Mgr. Employer (See Instructions)  Novocure, Inc.  Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) \$150  Amount of contributor (\$) \$150  Amount of contributor (\$) \$150  Contributor address; City; State; Zip Code Contributor address; City: State; Zip Code	4 Date	5 Full name of contributor  ut-of-state PAC (	(ID#:)	
Date   Full name of contributor   out-of-state PAC (ID#:			Zip Code	·
Daniel Mathisen  Contributor address; City; State; Zip Code 317 Chestnut Bend, Colleyville, TX 76034  Principal occupation / Job title (See Instructions)  Solutions Executive  Cisco Systems  Date  Full name of contributor  Contributor address; City; State; Zip Code 7907 Jefferson Cir., Colleyville, TX 76034  Principal occupation / Job title (See Instructions)  Territory Mgr.  Date  Full name of contributor  Contributor address; City; State; Zip Code 7907 Jefferson Cir., Colleyville, TX 76034  Principal occupation / Job title (See Instructions)  Territory Mgr.  Date  Full name of contributor  Date Full name of contributor  Date Gout of state PAC (ID#:	B Principal ocr	cupation / Job title (See Instructions)	3 Employer (See Instructi	ions)
Principal occupation / Job title (See Instructions) Solutions Executive  Date 3/21/19  Stephanie Tedder Contributor address; City; State; Zip Code 7907 Jefferson Cir., Colleyville, TX 76034  Principal occupation / Job title (See Instructions) Territory Mgr.  Date Full name of contributor Contributor address; City; State; Zip Code Territory Mgr.  Employer (See Instructions) Employer (See Instructions) Novocure, Inc.  Amount of contribution (\$)  Employer (See Instructions) Novocure, Inc.  Amount of contribution (\$)  Amount of contribution (\$)  Stephanie Tedder State; Zip Code Contributor address; City; State; Zip Code G604 Carriage Dr., Colleyville, TX 76034		Daniel Mathisen		,
Date   Full name of contributor   out-of-state PAC (ID#:   Amount of contribution (\$)			Zip Code	
Date   Full name of contributor   out-of-state PAC (ID#:	Principal occ	upation / Job title (See Instructions)	Employer (See Instructi	ons)
3/21/19 Stephanie Tedder Contributor address; City; State; Zip Code 7907 Jefferson Cir., Colleyville, TX 76034  Principal occupation / Job title (See Instructions) Territory Mgr.  Date Full name of contributor out-of-state PAC (ID#:  3/24/19 Bobby King Contributor address; City; State; Zip Code 6604 Carriage Dr., Colleyville, TX 76034	Solutions E	xecutive	Cisco Systems	
Principal occupation / Job title (See Instructions) Territory Mgr.  Date Full name of contributor Bobby King Contributor address; City; State; Zip Code 6604 Carriage Dr., Colleyville, TX 76034  Employer (See Instructions) Novocure, Inc.  Amount of contribution (\$) \$150		Stephanie Tedder		
Territory Mgr.  Date Full name of contributor  Bobby King Contributor address; City; State; Zip Code 6604 Carriage Dr., Colleyville, TX 76034  Novocure, Inc.  Amount of contribution (\$) \$150	··	7907 Jefferson Cir., Colleyville, TX 76034		
3/24/19  Bobby King  Contributor address; City; State; Zip Code  6604 Carriage Dr., Colleyville, TX 76034			· -	ons)
6604 Carriage Dr., Colleyville, TX 76034		Bobby King		. ,
			Zip Gode	
Principal occupation / Job title (See Instructions)  Employer (See Instructions)	Principal occi		Employer (See Instruction	ons)
		ATTACH ADDITIONAL COPIES OF 1 If contributor is out-of-state PAC, please see instruc		

### SCHEDULE A1

	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 10
FILER NAME			3 Filer ID (Ethics Commission Filers)
Bobby Lind	· · · · · · · · · · · · · · · · · · ·	·	
Date	5 Full name of contributor out-of-state PAC	(ID#:)	7 Amount of contribution (\$)
2/25/19	Sam Van Bever		\$500
	6 Contributor address; City; State;	Zip Code	
Principal occ	upation / Job title (See Instructions)	9 Employer (See Instructi	ions)
Director of Ir	iternal Audit	Nexstar Media	
Date	Full name of contributor  ut-of-state PAC (	(ID#: )	(0)
3/1/19		(IDIT)	Amount of contribution (\$)
3/1/18	Susan Mathisen		\$100
	Contributor address; City; State; 600 Colleyville Terrace, Colleyville, TX 76034	Zip Code	
	600 Colleyville Terrace, Colleyville, TA 70004		
Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	ons)
Self Employe	d	Mathisen Tax	
Date	Full name of contributor  ut-of-state PAC (	/ID#-	Amount of contribution (\$)
3/26/19	Bob Bardo		Amount of contribution (\$) \$25
	Contributor address; City; State; 203 Virginia Square, Colleyville, TX 76034	Zip Code	·
Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	ons)
Date 3/30/19	Winnie O'Regan	//ID#:)	Amount of contribution (\$)
	Contributor address; City; State; 513 Beverly Dr., Colleyville, TX 76034	Zip Code	****
Principal occur	pation / Job title (See Instructions)	Employer (See Instruction	ons)
	·		

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### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 10 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Bobby Lindamood, Jr. 4 Date 5 Full name of contributor ut-of-state PAC (ID#:\_\_ 7 Amount of contribution (\$) \$200 3/30/19 Gary Wang 6 Contributor address; City; State; Zip Code 4408 Colleyville Blvd., Colleyville, TX 76034 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Self Employed Self Employed Full name of contributor Date ut-of-state PAC (ID#:\_ Amount of contribution (\$) Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:\_\_ Amount of contribution (\$) Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor ut-of-state PAC (ID#:\_ Amount of contribution (\$) Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense Consulting Expense Candidate/Officeholder/Political Committee Credit Card Payment

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarles/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out Of District
Other (applies a category not listed above)

Candidate/Officeholder/Politica		Legal Services	Salarles/Wa	ges/Contract Labor	Other (enter a category not	listed above)
Credit Card Payment		The Instruction Guide exp	lains how to co	mplete this form.		
1 Total pages Schedule F1:			<del>*************************************</del>		3 Filer ID (Ethics Com	ımission Filers)
2		damood, Jr.				
4 Date	5 Payee name	е				
2/28/19		esigns, Inc.				· <u>·</u>
6 Amount (\$)	7 Payee addr					
\$786.39	14U4 VV. IVI	fain St., Carrollton, TX 7	<sup>75006</sup>			
8	(a) Category (S	See Categories listed at the top of th	his schedule)	(b) Description		
PURPOSE	T-Shirts for	r campaign walkers/work	kers		utside of Texas. Complete Schedule	
OF EXPENDITURE				L Check if Austin.	n, TX, officeholder living expens	se .
9 Complete ONLY if direct	Candidate	e / Officeholder name		Office sought	Offic	- L-14
expenditure to benefit C/OH		37 Officerolder harris		Office sought	- Cinc	e held
	Down nam			***************************************	MIRES-L-MR.	
Date	Payee name	* •				
3/8/19	JTD Strate	gies, LLC				
Amount (\$)	Payee addre	ess; City; State;	Zip Code		Attack to the second se	
\$1166	2028 E. Be	n White Blvd., #240-177	3, Austin, TX	78741		
	Category (54	lee Categories listed at the top of the	is schedule)	Description		
PURPOSE OF	Consulting	Fees			tside of Texas. Complete Schedule 1	
EXPENDITURE		7 000		UT OFFICE IT AUGUS,	TX, officeholder living expense	<b>Э</b>
	ĺ					
Complete ONLY if direct		/ Officeholder name		Office sought	Office	held
expenditure to benefit C/OH	I .					
Date	Payee name					<del></del>
	_			•		
3/14/19	Designer G	raphics				
Amount (\$)	Payee addre	ess; City; State;	Zip Code		profession and the second seco	
\$1011.46	12404 Hwy	. 155 South, Tyler, TX 7	75703			
	Category (Sr	ee Categories listed at the top of this	is schedule)	Description		
PURPOSE	Political Sig			L	side of Texas. Complete Schedule T	г.
OF EXPENDITURE	FUIILIGAI GIZ	jns .		Check if Austin,	TX, officeholder living expense	•
ANTAL MALE SERVICE CO. C.				·.		
						<del>че</del>
Complete ONLY if direct expenditure to benefit C/OH		/ Officeholder name		Office sought	Office	ė held
	ATTAC	CH ADDITIONAL COPIE	S OF THIS SC	HEDULE AS NEET	DED	******

### **POLITICAL EXPENDITURES MADE** FROM POLITICAL CONTRIBUTIONS

### SCHEDULE F1

### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking

Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Exc

Consulting Expense Contributions/Donations Made I Candidate/Officeholder/Politic			olling Expense duting Expense alaries/Wages/Contract Labor	Travel in District Travel Out Of District Other (enter a category not listed above)
Credit Card Payment	The Instruc	tion Guide explains h	ow to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME Bobby Lindamood, J	r,		3 Filer ID (Ethics Commission Filers)
4 Date 3/30/19	5 Payee name Walmart Neighborho	od Market		
6 Amount (\$) \$81.42	7 Payee address; 4904 Colleyville Blvd	City; State; Zip C I, Coileyville, TX 76		
8 PURPOSE	(a) Category (See Categories	•	Charlett Street	outside of Texas, Complete Schedule T.
OF EXPENDITURE	Food/Beverage Expe walkers canvassing out information on ca	neighborhoods han	Chook if Aug	tin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/Ol	Candidate / Officehold	der name	Office sought	Office held
Date	Payee name			NATION AND AND AND AND AND AND AND AND AND AN
Amount (\$)	Payee address;	City; State; Zip C	ode	
PURPOSE OF EXPENDITURE	Category (See Categories li	sted at the top of this schad	Check if travel o	outside of Texas. Complete Schedule T. n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officehold	ler name	Office sought	Office held
Date	Payee name	in the second se		
Amount (\$)	Payee address;	City; State; Zip Co	ode ,	
PURPOSE OF EXPENDITURE	Category (See Categories lis	sted at the top of this schedu	Check if travel o	utside of Texas. Complete Schedule T. n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officehold	ler name	Office sought	Office held
	ATTACH ADDITIO	ONAL CODIES OF	THIS SCHEDULE AS ME	EDED

# P.O. Box 12070 **CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT**

The C/OH Instruction	Guide explains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST  Mr. Bobby Lindamood, Jr.  NICKNAME LAST	MI 	Date Received JAN 15 2019  CITY SECRETARY'S OFFICE
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS change of address  5 CANDIDATE/ OFFICEHOLDER PHONE	Colleyville, TX 76034  AREA CODE PHONE NUMBER	STATE; ZIP CODE	Date Hand-delivered or Postmarked  Receipt # Amount  Date Processed
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST  Mrs. Christina Tatum  NICKNAME LAST	MI 	Date imaged
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; 4100 Allendale St. Colleyville, TX 76034	CITY; STATE;	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER ( 214 ) 801-9933	EXTENSION	
9 REPORT TYPE	January 15 30th day before election July 15 8th day before election	Runoff  Exceeded \$500	15th day after campaign treasurer appointment (officeholderonly)  Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year  07 / 16 / 2018	Month Day 01 /15 /	<sub>Уеаг</sub> 2019
11 ELECTION	ELECTION DATE Month Day Year Primary	Runoff	General Special
12 OFFICE	OFFICE HELD (if any)  Colleyville City Council, Precinct 2	13 OFFICE SOUGHT (if known)	
	GO TO PAG		

# **CANDIDATE / OFFICEHOLDER REPORT:**

P.O. Box 12070

# FORM C/OH

SUPPORT	& IOIAL	.5	COVER SHEET PG Z
14 C/OH NAME		,	15 ACCOUNT # (Ethics Commission Filers)
Bobby Lindamood	, Jr.		
16 NOTICE FROM POLITICAL COMMITTEE(S)	CANDIDATE / OFFICE	ICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MA HOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CAND ES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF	DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL SPECIFIC	COMMITTEE ADDRESS	
	·	COMMITTEE CAMPAIGN TREASURER NAME	
additional pages			
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAI ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE	
	ľ	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$
EXPENDITURE TOTALS	3. TOTAL F	POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEM	AIZED \$
	4. TOTAL	POLITICAL EXPENDITURES	\$
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DORTING PERIOD	\$ 6310.25
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T Y OF THE REPORTING PERIOD	THE \$
My N	IRISTINE LOVEN otary ID # 11092587 pires May 2, 2022	is true and correct and includes all	perjury, that the accompanying report information required to be reported by
Sworn to and subs 15th day		19	00d, this the ny hand and seal of office. No+ARY
Signature of officer admir	nistering oath	Printed name of officer administering oath	Title of officer administering oath